

# EXHIBIT B-1

RECEIVED

SEP 24 2021

PRIME CLERK

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name: Valencia Toledo, Sonia M.  
Participant's Address: 41692 Overmyer Ter. Aldie, VA 20105  
Participant's Email Address: svalencia.2009@gmail.com  
Name of Counsel: \_\_\_\_\_  
Address of Counsel: \_\_\_\_\_  
Email Address of Counsel: \_\_\_\_\_

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number: 49490  
Nature of Claim: Commonwealth of Puerto Rico, Case No. 17BK-3283-LTS  
By: Sonia M. Valencia Toledo  
Signature  
Sonia M. Valencia Toledo  
Print Name

\_\_\_\_\_  
Title (if Participant is not an individual)

\_\_\_\_\_  
Date

**Instructions for Filing Notice of Participation:** If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in *In re Commonwealth of Puerto Rico*, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Proof of Claim Number: 49490

Claimant: Valencia Toledo, Sonia M.

## **INFORMATION REQUESTED TO PROCESS YOUR CLAIM**

### **Instructions**

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. **Your answers should provide more information than the initial proof of claim.** For example, if you previously wrote as the basis for your claim "Act 96," please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of an initial pleading, such as a Complaint or an Answer;
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any and all documentation you believe supports your claim.

Please send the completed form and any supporting documents via **email** to [PRClaimsInfo@primeclerk.com](mailto:PRClaimsInfo@primeclerk.com), or by **mail or hand delivery** to the following address:

<b><u>By Mail</u></b>	<b><u>Hand Delivery or Overnight Mail Service</u></b>
Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC Grand Central Station, PO Box 4708 New York, NY 10163-4708	Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

### **Questionnaire**

#### **1. What is the basis of your claim?**

- ☒ A pending or closed legal action with or against the Puerto Rican government
- ☐ Current or former employment with the Government of Puerto Rico
- ☐ Other (Provide as much detail as possible below. Attach additional pages if needed.)
- 

#### **2. What is the amount of your claim (how much money do you claim to be owed):**

\$68,400.00, not including the experience-based raise pending adjudication

Batch 1



*Proof of Claim Number: 49490*

*Claimant: Valencia Toledo, Sonia M.*

**3. Employment. Does your claim relate to current or former employment with the Government of Puerto Rico?**

☐ No. *Please continue to Question 4.*

☒ Yes. **Answer Questions 3(a)-(d).**

3(a). Identify the specific agency or department where you were or are employed:

Department of Education

3(b). Identify the dates of your employment related to your claim:

From 1980 on until 2001, and then retirement

3(c). Last four digits of your social security number: 1541

3(d). What is the nature of your employment claims (select all that apply):

☐ Retirement

☒ Unpaid Wages

☐ Sick Days

☐ Union Grievance

☐ Vacation

☐ Other (Provide as much detail as possible. Attach additional pages if necessary).

**4. Legal Action. Does your claim relate to a pending or closed legal action?**

☐ No.

☒ Yes. **Answer Questions 4(a)-(f).**

4(a). Identify the department or agency that is a party to the action.

Department of Education

4(b). Identify the name and address of the court or agency where the action is pending:

Commonwealth of Puerto Rico.

4(c). Case number: (oASE 2013-11-0224) (2013-04-1542) (2012-05-2084)

4(d). Title, Caption, or Name of Case:

(Act 109 2008) (Act 96) (experience-based raise)

**Batch 1**



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*Proof of Claim Number: 49490*

*Claimant: Valencia Toledo, Sonia M.*

4(e). Status of the case (pending, on appeal, or concluded):

Puerto Rico

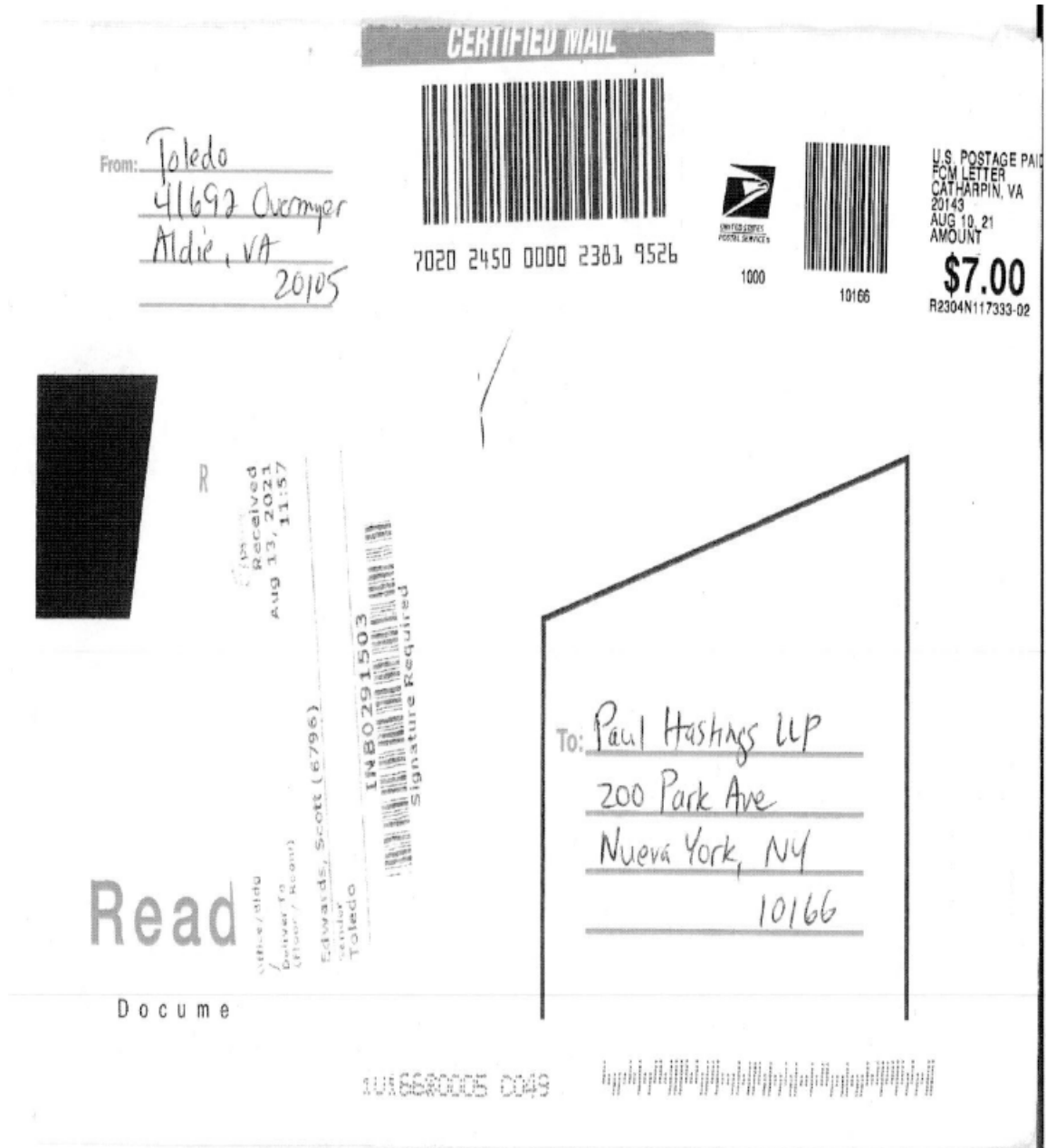
4(f). Do you have an unpaid judgment? Yes / ☒ No (Circle one)

If yes, what is the date and amount of the judgment?

I worked at the Department of Education in Puerto Rico  
since August 1970, retiring in July 2001. 31 years.

Batch 1







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### TRANSLATOR'S CERTIFICATE OF TRANSLATION

Translation from: Spanish (Puerto Rico) into English (US)

TARGEM Translations Inc.

I, Andreea I. Boscor, ATA-certified Spanish-English #525556, acting as translator at TARGEM Translations Inc., a NEW YORK City corporation, with its principal office at 185 Clymer Street, Brooklyn, NY, 11211, USA, certify that:

the English translated document is a true and accurate translation of the original Spanish and has been translated to the best of my knowledge.

Original Document Name: **Claim No. 49490 (2)**

Signed this 15<sup>th</sup> day of December, 2021



Verify at [www.atanet.org/verify](http://www.atanet.org/verify)

A handwritten signature in blue ink, appearing to read 'Andreea I. Boscor', written over a horizontal line.

Andreea I. Boscor

